



Vision Plus Benefit Summary

Get Access to the best in eye care and eyewear with Providence Health Plan and VSP® Vision Care

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make—choose a VSP network doctor or any outof-network provider. Visit ProvidenceHealthPlan.com/findaprovider/ or call 800.877.7195.
- At your appointment, all you need is your ID number.
 This number is 17-digits composed of your Providence Health Plan member ID + group number. These numbers are available on your Providence member ID card.

Example:

PHP ID# (10 numeric digits): XXXXXXXXX PHP Group# (6 numeric digits): XXXXXX

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam® under your medical benefit – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. ¹Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements. ²Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Important information about your plan

- You do not need to meet any medical health plan deductibles, regardless of your medical plan type, before accessing your vision care benefit.
- Your copays do not apply to your plan's medical out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for further details.

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¹ Brands/Promotion subject to change

² Savings based on network doctor's retail price and vary by plan and purchase selection: average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask VSP network doctor for details.

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Providence Health Plan and VSP provide you with the highest quality vision coverage for you and your family.

Plan Information

VSP Provider Network: VSP Choice

Adult Coverage

Benefit	Description	Сорау			
WellVision Exam	Covered under medical benefit	See Medical Benefit Summary			
Prescription Glasses					
Frame	20% savings on the amount over your allowance	Included in prescription Glasses			
	Every 24 months	\$130 allowance; copay does not apply			
Lenses	Single vision, lined bifocal, lined trifocal, or				
	lenticular lenses	Included in prescription Glasses			
	Polycarbonate lenses for dependent children	\$50 for Progressive Lenses			
	Every 12 months				
Contacts	 Contact lens exam (fitting and evaluation) 	\$130 allowance; copay does not apply			
(instead of glasses)	Every 12 months				
Extra Savings	Glasses and Sunglasses				
	Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details.				
	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP				
	provider within 12 months of your last WellVision Exam.				
	Retinal Screening				
	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam				
	Laser Vison Correction				
	Average 15% off the regular price or 5% off the promotional price; discounts only available from				
	contracted facilities				

Adult Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network			
providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
This plan covers up to the amount below. Any remaining balance is member responsibility.			
Exam	See Medical Benefit Summary		
Frame	Up to \$70		
Single Vision Lenses	Up to \$30		
Lined Bifocal Lenses	Up to \$50		
Lined Trifocal Lenses	Up to \$70		
Contacts	Up to \$105		

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Child Coverage – up to 19 years old

Benefit	Description	Сорау		
WellVision Exam	Covered under medical benefit	See Medical		
		Benefit Summary		
Prescription Glasses				
Frame	Otis & Piper Frames are Covered in full			
	• The equivalent value of \$150 can also be applied to other frame collections	\$0		
	Every 12 months			
Lenses	Single vision, lined bifocal, lined trifocal, or lenticular lenses			
	Polycarbonate, scratch, and UV	\$0		
	Covered in full	, ŞU		
	Every 12 months			
Contacts	Contact lens exam and an annual supply of contact lenses			
(instead of glasses)	Covered in full	\$0		
	Every 12 months			
Extra Savings	Glasses and Sunglasses			
	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP			
	provider within 12 months of your last WellVision Exam.			
	Laser Vison Correction			
	• Average 15% off the regular price or 5% off the promotional price; discounts only available from			
	contracted facilities			

Child Coverage with Out-of-Network Providers				
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network				
providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.				
This plan covers up to the amount below. Any remaining balance is member responsibility.				
Exam	See Medical Benefit Summary			
Frame	Up to \$70			
Single Vision Lenses	Up to \$30			
Lined Bifocal Lenses	Up to \$50			
Lined Trifocal Lenses	Up to \$70			
Contacts	Up to \$105			

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